

Maryland

MAIL APPLICATION TO (unless otherwise stated on job bulletin):

DHMH – Testing Services Division
P. O. Box 22330
Baltimore, MD 21203-4330

Or you may visit: www.dhmh.state.md.us

(OFFICE USE ONLY)

Class Code

APPR. _____ DISAPPR. _____ BY _____

Reason _____

Pending Code _____

SOCIAL SECURITY NUMBER:

PRINT OR TYPE ALL INFORMATION

This application is part of the examination process. Please read the minimum qualifications section of the job bulletin before completing this application. You must meet all of the minimum qualifications to be considered. Job bulletins are available on our website at www.dhmh.state.md.us, at Testing Services Division at 201 West Preston Street, Room 115 in Baltimore or by phone at 410-767-1251.

Applying For:

Job Title: _____ Announcement #: _____

(A separate application is required for each job title unless otherwise indicated.)

Name and Contact Information:

Name: _____
Last First MI

Address: _____
Street City County State Zip Code

Home Phone: _____ Work Phone: _____ E-mail: _____

Education and Training:

Do you have a high school diploma or GED? Yes ☐ No ☐ If not, what is the highest grade that you completed? _____

School: _____ Address (City, State): _____

Dates attended: _____
From To Major course of study: _____

COLLEGE AND GRADUATE SCHOOL EDUCATION

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

Please submit a copy of any relevant professional or trade licenses or certificates with this application. For positions requiring a driver's license, please attach a copy of your license or write on a separate sheet of paper your driver's license number, class, state of issuance and expiration date.

WORK EXPERIENCE:

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

Job Number 1:	
Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name and Phone Number:
Your Job Title:	Do you supervise other employees? Job Titles of Those You Supervise:
	Yes <input type="checkbox"/> No <input type="checkbox"/> How many?
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many hours do you work per week?
Job Duties:	
Reason For Leaving:	

Job Number 2:	
Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name and Phone Number:
Your Job Title:	Did you supervise other employees? Job Titles of Those You Supervised:
	Yes <input type="checkbox"/> No <input type="checkbox"/> How many?
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many hours did you work per week?
Job Duties:	
Reason For Leaving:	

Job Number 3:	
Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name and Phone Number:
Your Job Title:	Did you supervise other employees? Job Titles of Those You Supervised:
	Yes <input type="checkbox"/> No <input type="checkbox"/> How many?
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many hours did you work per week?
Job Duties:	
Reason For Leaving:	

ELIGIBILITY FOR VETERANS' CREDIT

A copy of your proof of eligibility (DD 214) for Veterans' Credit must be in this office and completely verified before Veterans' Credit will be approved. Enclose a self-addressed, stamped envelope for us to return the copy to you. Proof will only need to be submitted once. Permanent State employees do not need to submit proof of eligibility for Veterans' Credit.

Job Number 4:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many hours did you work per week?		
Job Duties:		
Reason For Leaving:		

Job Number 5:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Did you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervised:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Was your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many hours did you work per week?		
Job Duties:		
Reason For Leaving:		

FORMER EMPLOYERS MAY BE CONTACTED. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR CONSENT.

Are you fluent in a language other than English? (if required for the job for which you are applying) Yes ☐ No ☐
If yes, please list:

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes ☐ No ☐
If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to this application.)

This provision does not apply to applicants for law enforcement positions pursuant to Labor and Employment Article, Section 3-702 (b) Annotated Code of Maryland.

DATE: _____ **SIGNATURE OF APPLICANT:** _____

In which counties will you accept employment? The numbers on the left correspond with the group of counties listed on that line. Please circle the appropriate number(s) for all of the counties of interest.	How did you find out about this recruitment? Please check the appropriate space(s).	
00 - ANY AREA OF THE STATE	<input type="checkbox"/>	OPSB Website
10 - (GARRETT -11, ALLEGANY - 12, WASHINGTON -13)	<input type="checkbox"/>	Other Website (List)
20 - (FREDERICK - 21, CARROLL - 22, MONTGOMERY - 23)	<input type="checkbox"/>	Newspaper Ad (Paper Name)
30 - (BALTIMORE CITY - 31, BALTIMORE COUNTY - 32, HOWARD - 33)	<input type="checkbox"/>	State Personnel Office (Office Location)
40 - (HARFORD - 41, CECIL - 42, KENT - 43)	<input type="checkbox"/>	DLLR Job Service (Office Location)
50 - (PRINCE GEORGE'S - 51, CHARLES - 52, CALVERT - 53, ST. MARY'S - 54)	<input type="checkbox"/>	Job Fair (Location)
60 - (ANNE ARUNDEL - 61, QUEEN ANNE'S - 62, TALBOT - 63, CAROLINE - 64)	<input type="checkbox"/>	Media (List)
70 - (DORCHESTER -71, WICOMICO - 72, SOMERSET - 73, WORCESTER - 74)	<input type="checkbox"/>	Other (List)

AVAILABLE FOR EMPLOYMENT WHICH IS: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Contractual

AFTER AN OFFICIAL TEST NOTICE IS RECEIVED, APPLICANTS WITH DISABILITIES WHO REQUIRE TESTING ACCOMMODATIONS SHOULD CONTACT THE OFFICE OF PERSONNEL SERVICES AND BENEFITS AT (410) 767-4921, OR TOLL-FREE AT (800) 705-3493. TTY/TT USERS SHOULD CALL THE MARYLAND RELAY SERVICE AT (800) 735-2258 OR 7-1-1 IN MARYLAND.

Applications must be received by the Office of Personnel Services and Benefits (or the recruiting agency) by either the close of business on the closing date, or postmarked by the closing date, as specified on the job announcement for which you are applying. A receipt will be mailed if a self-addressed, stamped envelope is attached. NOTIFY THE OFFICE OF PERSONNEL SERVICES AND BENEFITS IN WRITING OF A CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER.

YOU MUST BE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES UNDER THE UNITED STATES IMMIGRATION REFORM AND CONTROL ACT OF 1986.

YOU MUST MEET ALL OF THE MINIMUM QUALIFICATIONS TO BE ELIGIBLE FOR APPOINTMENT. VERIFICATION WILL BE COMPLETED BY THE APPOINTING AUTHORITY. YOU MAY BE TESTED FOR ILLEGAL DRUG USE. IF SELECTED FOR A POSITION IN THE SKILLED OR PROFESSIONAL SERVICE, YOU MAY BE GIVEN A MEDICAL EXAMINATION TO DETERMINE YOUR ABILITY TO PERFORM JOB-RELATED FUNCTIONS.

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved, my name removed from the eligible list, and that I will not be certified for employment in any position under the jurisdiction of the Department of Budget & Management. I am aware that a false statement is punishable under law by fine or imprisonment or both.

DATE: _____ SIGNATURE OF APPLICANT: _____

(Remove this section of the application prior to the interview process.)

TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY EMPLOYMENT, THE STATE OF MARYLAND REQUESTS APPLICANTS TO PROVIDE, VOLUNTARILY, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.

BIRTH DATE: _____ MALE ☐ FEMALE ☐ ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? YES ☐ NO ☐
Month/Day/Year

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes ☐ No ☐
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. ☐ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
4. ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)